

# RAVALLI COUNTY FAMILY PLANNING PROGRAM

## Nutrition and Activity

**WHAT DO YOU EAT? (Yesterday's recall):**      **Is this a typical day's intake?**      **No**      **Yes**

	<b>FOOD:</b>	<b>AMOUNT:</b>
<b>Breakfast-</b>		
<b>Snack-</b>		
<b>Lunch-</b>		
<b>Snack-</b>		
<b>Dinner-</b>		
<b>Snack-</b>		

Are you following a special eating plan?    **No**    ☐ **Yes**    ☐ If YES, what is it? \_\_\_\_\_

Do you take any kind of food supplements (vitamins, etc)?    **No**    ☐ **Yes**    ☐ If YES, what kind? \_\_\_\_\_

Are there any foods you don't eat for any reason?    **No**    ☐ **Yes**    ☐ If YES, which foods? \_\_\_\_\_

Would you like to plan for a pregnancy within the next 2 years?    **No**    ☐ **Yes**    ☐

**Totals for these groups from intake list above:**

**Bread:** \_\_\_\_\_ **Fruit:** \_\_\_\_\_ **Vegetable:** \_\_\_\_\_

**Meat/Alternate:** \_\_\_\_\_ **Milk:** \_\_\_\_\_ **Fats, Oils, Sweets:** \_\_\_\_\_

**How Active Are You?**

**What types of activities do you participate in?** \_\_\_\_\_

**How often do you do \*these activities per week?** \_\_\_\_\_ **How much time do you spend participating in \*these activities daily?** \_\_\_\_\_ minutes.

**Walking briskly (3-4 miles per hour)** \_\_\_\_\_ **Conditioning or general calisthenics** \_\_\_\_\_ **Home care, general cleaning** \_\_\_\_\_ **Racket sports (such as table tennis)** \_\_\_\_\_ **Mowing lawn (power mower)** \_\_\_\_\_ **Golf - pulling cart or carrying clubs** \_\_\_\_\_ **Home repair, painting** \_\_\_\_\_ **Fishing, standing/casting** \_\_\_\_\_ **Jogging** \_\_\_\_\_ **Swimming (moderate effort)** \_\_\_\_\_ **Cycling, moderate speed (< 10 miles per hour)** \_\_\_\_\_ **Gardening** \_\_\_\_\_ **Canoeing leisurely (2.0-3.9 miles per hour)** \_\_\_\_\_ **Dancing** \_\_\_\_\_

